

SEP 14 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BooneRegistration District No. 73Township BoonePrimary Registration District No. 8006City Columbia (No.)File No. 28304Registered No. 205St. Ward)

2. FULL NAME

Miss Rosie Lee Lewis(a) Residence, No. 6 Battison Flats St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

3-1-1899

7. AGE

35 YEARS

MONTHS

3

DAYS

16

If LESS than 1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Columbia Missouri

FATHER

13. NAME

Arthur Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Rocky Mountain

MOTHER

15. MAIDEN NAME

Mary Stath

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Don't know

17. INFORMANT (ADDRESS)

Henry Lewis, Columbia, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Columbia, Missouri

19. UNDERTAKER (ADDRESS)

Edgar E. Parker, Columbia, Missouri

20. FILED

8/27/1934 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17-193422. I HEREBY CERTIFY, That I attended deceased from 17th - 34 to , 1934I last saw h. alive on , 1934. Death is said to have occurred on the date stated above, at 6:10 a.m. 6:10

The principal cause of death and related causes of importance were as follows:

Organic Heart Trouble
(Coronary)
9/25

Date of onset

Other contributory causes of importance:

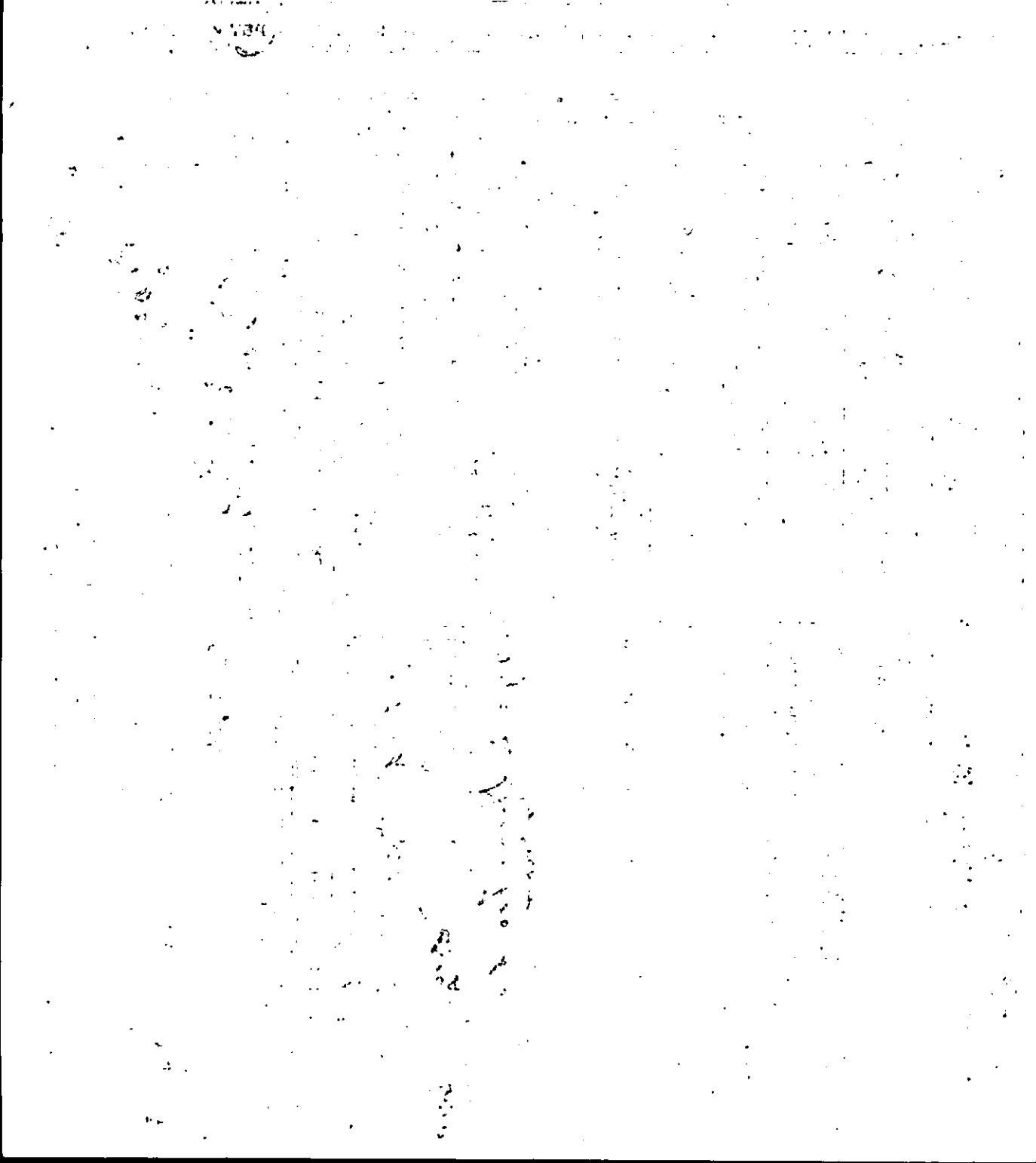
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 1934Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) E. H. Davis, (Coroner), M. D.(Address) Columbia Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD



WASHINGTON

205

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Rosie Lee Levens
Who died at _____ on Aug 17 - 1935
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: _____ Years _____ Months _____ Days
Sex F Color or race B Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 35 Months 9 Days 16

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: _____

Organic Heart Trouble
Don't know form of heart disease

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

Signature of Registrar Allie Selby Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 73Primary Reg. Dist. No. 9006

Very truly yours,

E. J. McGaugh M.D.
S.C.

Special Agent.

S-28304

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